

CLAIMS ONLY

Application Number

.. Filling Date

10/820891

Applicān((s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
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45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep.	1					
Total Depend.	13					
Total Claims	14					